



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
PRECEPTORSHIP/INTERNSHIP EVALUATION

MISSOURI VETERINARY MEDICAL BOARD
3605 MISSOURI BOULEVARD
P.O. BOX 633
JEFFERSON CITY, MO 65102
TELEPHONE: (573) 751-0031

INSTRUCTIONS

1. Complete all sections below.
2. This form is to be completed by the **supervising veterinarian immediately** after completion of the preceptorship or internship. It should be mailed directly to the Missouri Veterinary Medical Board at the address listed above.

The Missouri Veterinary Medical Board requires that all applicants for licensure provide evidence that they have completed a postgraduate internship or a student preceptorship prior to graduation. The purpose of this requirement is to ensure that a new graduate has a minimum of 320 hours of work experience, with a maximum daily accumulation of 12 hours, in veterinary medicine under the **direct supervision of a licensed veterinarian** prior to being licensed.

TO BE COMPLETED BY THE STUDENT PRECEPTOR OR GRADUATE INTERN

NAME OF APPLICANT (PLEASE TYPE OR PRINT)	DAYTIME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	EMAIL ADDRESS
UNIVERSITY ATTENDED	YEAR OF GRADUATION

I authorize release of this evaluation by my supervising veterinarian directly to the Missouri Veterinary Medical Board (MVMB) and by the MVMB to the college of veterinary medicine where I am enrolled.

STUDENT PRECEPTOR OR GRADUATE INTERN SIGNATURE ▶	DATE
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TO BE COMPLETED BY SUPERVISING VETERINARIAN

In the spaces provided please provide an evaluation of the applicant's hands-on performance in the specific areas of veterinary medicine in which s/he gained clinical or practical experience in diagnosis, treatment, surgery, and practice management, under your individual supervision. In the area of Practice Management, the individual must receive experience in the non-scientific activities pertaining to the day-to-day operations of the veterinary practice. Your evaluation will be critical to the applicant's licensure. Please type or print legibly. If the applicant has not received hands-on experience in one of the areas listed, please indicate not applicable in the space provided. Once you have completed your evaluation and provided any desired comments, please make certain that the preceptorship/internship begin and end dates are provided, as well as, the hours completed and the overall ranking of the applicant is complete.

NAME OF SUPERVISING VETERINARIAN (PLEASE TYPE OR PRINT)	DAYTIME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	LICENSE # (INDICATE STATE)
FACILITY NAME	

1) SURGERY (THE APPLICANT MUST RECEIVE ACTUAL HANDS-ON SURGERY EXPERIENCE, MUST HAVE PERFORMED PROCEDURES MEETING YOUR EXPECTATIONS AND YOU MUST WITNESS THE APPLICANT IN SOME SURGICAL SITUATION.)

APPLICANT'S PERFORMANCE IN SURGERY <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE <input type="checkbox"/> NOT APPLICABLE COMMENTS:
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2) DIAGNOSIS

APPLICANT'S PERFORMANCE IN DIAGNOSIS <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE <input type="checkbox"/> NOT APPLICABLE COMMENTS:
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3) TREATMENT

APPLICANT'S PERFORMANCE IN TREATMENT

☐ ACCEPTABLE ☐ UNACCEPTABLE ☐ NOT APPLICABLE

COMMENTS:

4) PRACTICE MANAGEMENT (MAY ENTAIL ANY OF THE FOLLOWING: CLIENT COMMUNICATION AND RETENTION, MAINTAINING MEDICAL RECORDS, INVENTORY, EMPLOYEE AND TIME MANAGEMENT, SCHEDULING, ETC.)

APPLICANT'S PERFORMANCE IN PRACTICE MANAGEMENT

☐ ACCEPTABLE ☐ UNACCEPTABLE ☐ NOT APPLICABLE

COMMENTS:

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE SUPERVISING VETERINARIAN

1) Please provide the date the preceptorship/internship began. (If the individual is required to hold a provisional license, the hours must not begin prior to the issuance of the provisional license.)	DATE BEGAN (MM/DD/YYYY)
2) Please provide the date the preceptorship/internship ended. (The preceptorship/internship hours must be completed prior to the submission of the evaluation form and cannot contain future dates.)	DATE ENDED (MM/DD/YYYY)
3) Please provide the exact number of total hours of work experience the preceptor/intern was involved in under your direct supervision of a licensed veterinarian. (The hours provided must be to the nearest hour, no approximations.)	TOTAL NUMBER OF HOURS COMPLETED
4) Supervising Veterinarians Overall Ranking of Applicant	<input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE

AFFIDAVIT (MUST BE COMPLETED BY THE SUPERVISING VETERINARIAN)

I hereby affirm under penalties of perjury that the foregoing information which I have supplied is true and accurate to the best of my knowledge, information and belief.

MUST BE SIGNED IN PRESENCE OF NOTARY	SUPERVISING VETERINARIAN ▶		DATE
	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR		USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC EMBOSSE OR BLACK RUBBER STAMP SEAL	NOTARY PUBLIC NAME (TYPED OR PRINTED)		